

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED AUG 1 1957

Registration District No. 294

Primary Registration District No. 3006

Registrar's No. 178

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Randolph</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Moberly</i>		a. STATE <i>Missouri</i>		b. COUNTY <i>Macon</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Woodland Hosp.</i>		Length of stay in lb <i>1 Day</i>		c. CITY OR TOWN <i>Macon</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <i>Beulah</i>		Middle <i>Belle</i>		Last <i>Thrasher</i>		Month <i>July</i> Day <i>18</i> Year <i>1957</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Nov. 1, 1873</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>no.</i>		11. BIRTHPLACE (City and state or country) <i>Randolph County Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Henry Patton</i>				14. MOTHER'S MAIDEN NAME <i>Nancy Jane Foster</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>no.</i>		17. INFORMANT <i>Mrs. Roy Penton Bower, Mo.</i> Address			
18. CAUSE OF DEATH [Enter only one cause, please for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Thrombosis Aorta at Bifurcation</i> <i>Acute Lymphatic Leukemia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i> <i>Unknown</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>2040</i>						19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>18 July '57</i> to <i>18 July</i> and last saw <i>her</i> alive on <i>18 July '57</i> . Death occurred at <i>11:15 P. m.</i> on the date stated above, and to the best of my knowledge, from the cause stated.							
22a. SIGNATURE (Name or title) <i>Hester Sutton</i>				22b. ADDRESS <i>Moberly Mo</i>		22c. DATE SIGNED <i>20 July '57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>July 20 57</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Chapel Hill Cem</i>		23d. LOCATION (City, town, or county) (State) <i>Macon County Mo.</i>	
24. FUNERAL DIRECTOR <i>Hester Sutton</i> ADDRESS <i>Macon Mo</i>			25. DATE RECD. BY LOCAL REG. <i>7/20/57</i>		26. REGISTRAR'S SIGNATURE <i>Calverline</i>		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Charles L. Hutto*

Licensed Embalmer No. *45*

P. O. Address *Macon*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.